## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on 09 02 2016
Full Name of Payee	Date of Public Distribution/Dissemination
Campaign Graphics	M M / D D / Y Y Y Y
Mailing Address 1229 N. Wakonda Street	09 01 2016
1220 N. Wakonda Giloot	Amount
City State Zip Code	441.89
Flagstaff AZ 86004	Transaction ID : SE.6314
Purpose of Expenditure	Date of Disbursement or Obligation
Lapel stickers and shirts for canvassers NC  Category/ Type  006	09 01 / 2016
Name of Federal Candidate Support Offic	e Sought: House District:
CLINTON, HILLARY RODHAM, , ,	President Senate State: NC
Odiolidai lodi lo Bato	ursement For: Primary X General
Per Election for Office Sought 119302.08 2016	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Campaign Graphics	09 01 2016
Mailing Address 1229 N. Wakonda Street	
	Amount
City State Zip Code	441.89
Flagstaff AZ 86004	Transaction ID : SE.6316  Date of Disbursement or Obligation
Purpose of Expenditure Language and shirts for convergers NC	Mam / Dad / Yayayay
Lapel stickers and shirts for canvassers NC  Type  O06  Type	09 01 2016
Name of Federal Candidate Support Office	ee Sought: House District:
ROSS, DEBORAH K, , ,	President Senate State: NC
Calendar Year-To-Date Disb	pursement For: Primary X General
Per Election for Office Sought 97927.08 2010	6 Other (specify) ▶
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	883.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Index and art Fun and its use	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either	· · · · · · · · · · · · · · · · · · ·
party committee) any political party committee or its agent.	
Buchanan, Emily, , ,	
[Electronically Filed] Date	09 02 2016
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on	09 02 2016
Full Name of Payee Headway Work Force Solutions, HWS, , ,	D	ate of Public Distribution/Dissemination
Mailing Address 421 Fayetteville St #1020	A	09 01 2016 mount
City State Zip C Raleigh NC 2760	D1 T	46500.00 ransaction ID : SE.6306
Purpose of Expenditure Projected payroll for canvassers 9/1/16-9/31/16 NC  Cat	regory/ Type 001	ate of Disbursement or Obligation
Name of Federal Candidate	Support Office So	ought: House District:
CLINTON, HILLARY RODHAM, , ,		esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disburse 2016	ement For:
Full Name of Payee Headway Work Force Solutions, HWS, , ,	D	Date of Public Distribution/Dissemination
		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020	А	mount
City State Zip 0	Code	46500.00
Raleigh NC 276	• .	ansaction ID : SE.6308 Pate of Disbursement or Obligation
Purpose of Expenditure Projected payroll for canvassers 9/1/16-9/31/16 NC  Cat	regory/ Type 001	M 09
Name of Federal Candidate	Support Office S	
ROSS, DEBORAH K, , ,	X Oppose Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disburse 2016 2016	ement For: Primary   ✓ General  Other (specify)   ✓
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	93000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Buchanan, Emily, , ,  [Electronically Signature	Filed] Date 09	02 2016

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼		
WOMEN SPEAK OUT PAC	C00530766		
Check if 24-hour report	02 / 2016		
Headway Work Force Solutions, HWS, , ,	blic Distribution/Dissemination		
Mailing Address 421 Fayetteville St #1020  Amount	01 2016		
	5000.00		
· · · · · · · · · · · · · · · · · · ·	5000.00 on ID : SE.6310		
Purpose of Expenditure Projected Mileage for canvassers 9/1/16-9/31/16 NC  Category/ Type  002	sbursement or Obligation  / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office Sought:	House District:		
CLINTON, HILLARY RODHAM, , ,	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2016 Other	: Primary <b>X</b> General (specify) ▶		
	ıblic Distribution/Dissemination		
Headway Work Force Solutions, HWS, , ,	01 / 2016		
Mailing Address 421 Fayetteville St #1020 Amount			
City State Zip Code	5000.00		
Training!	n ID : SE.6312 sbursement or Obligation		
Purpose of Expenditure Projected Mileage for canvassers 9/1/16-9/31/16 NC  Category/ Type  002	01 2016		
Name of Federal Candidate Support Office Sought:	House District:		
ROSS, DEBORAH K, , ,	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2016  Other	r: Primary <b>X</b> General (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	10000.00		
(In) CURTOTAL of Unitersized Independent Funerality was	7		
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4		
(c) TOTAL Independent Expenditures	103883.78		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Buchanan, Emily, , , [Electronically Filed] Date 02			